

# Artificial Intelligence Tools for Documentation and Other Non-Clinical Work in Healthcare

Use of AI tools continues to grow and many healthcare organizations that provide and pay for care use them to create efficiencies and streamline workflows. To better understand the view from the ground, AHIMA contracted with <u>Alazro Consulting</u> to conduct structured interviews with a range of implementers and experts. These insights help to understand the current landscape and key issues when deploying automation and intelligent tools outside clinical care.

#### Use of Al in Healthcare

The definition of AI continues to be debated, but AI tools generally use advanced computing techniques to make predictions, recommendations, or decisions. The interviews focused on AI used for tasks other than the diagnosis or treatment of a disorder or disease. The scope was inclusive of predictive solutions, which have fixed parameters that often follow "if, then" patterns, as well as generative solutions, which use machine learning techniques that can create novel solutions. Generative solutions, such as ChatGPT or DALL-E, are often used to analyze and generate images and text.

Al is a mix of the human and the technical solution.

Al is being used for many health care functions, only some of which are clinical. For example, a simple classification could be:



**Tools to support clinical care**, such as decision support to aid in diagnosis and treatment, remote monitoring for biometrics such as heart rhythms, Al embedded in a medical device such as a drug pump, or predictive analytics to identify patients at high risk for adverse outcomes.



**Payment and revenue cycle tools** that use Al to support both providers and payers in creating and processing claims, conducting analytics to support billing and collections, or supporting prior authorization processes.



**Operational tools** that automate and create efficiencies across operational functions, such as customer support, scheduling, and inventory management.

#### **Interview Findings**

The interviews included 10 organizations with provider, payer, vendor, and legal roles, often with multi-functional teams engaged. The majority were AHIMA members, and the health system interviewees collectively represent more than 200 hospitals and 1000 clinics across the country.

## **Use of AI-Supported Tools**

All interviewees had at least some tools in use and were actively evaluating, developing, and piloting others (Table 1). The range of solutions spanned support for:

- Traditional health information management tasks;
- Clinical documentation creation;
- Support for operational activities such as revenue cycle management or registration and scheduling; and
- Tools to support payer functions, such as care management or claims processing.

#### **Table 1: Types of AI Tools**

Functional Area	Examples of AI Tools
Health Information Management	<ul> <li>Automated/computer-assisted coding</li> <li>Records management</li> <li>Medical records quality assurance</li> <li>Release of information requests</li> </ul>
Clinical Documentation Creation	<ul> <li>Documentation generation (such as notes from ambient listening)</li> <li>Physician in-box management</li> <li>Chart summarization and reports</li> <li>Back-end tools to support queries and documentation completion</li> </ul>
Operational Supports	<ul> <li>Revenue cycle management (such as prebilling review of claims)</li> <li>Self-service registration and scheduling</li> <li>Customer support automation tools</li> <li>Review and audit of contracts for compliance purposes</li> </ul>
Payer Tools	<ul> <li>Care management (such as reminders and identification of high-risk individuals)</li> <li>Claims processing</li> <li>Automated quality measures</li> <li>Electronic prior authorization tools</li> </ul>

### Balancing benefits and risks.

As Al tools become more common, healthcare organizations need to balance the benefits and risks. Interviewees note that automation of repetitive and manual tasks can increase efficiency and throughput, allowing the workforce to focus on higher-order work and interaction with patients. At the same time, health information professionals prioritize documentation integrity and maintaining appropriate authentication of the record to support clinical care, efficient billing, and compliance needs.

## Training the workforce.

With respect to the workforce, greater use of AI may require additional training and "upskilling" so that health information professionals are empowered to oversee and audit automated solutions that replace manual tasks. In a recent survey sponsored by AHIMA, 75 percent of the health information professionals that responded called for upskilling of the current workforce, while 72 percent identified the need for new training and focus areas, recognizing that AI and automation provide opportunities for staff to move into higher-level roles.

## Maintaining privacy and security.

Similarly, interviewees observed that data analytics and automated tools can improve care coordination or patient communications, but healthcare organizations must still ensure they abide by privacy rules and maintain the security of their systems. And, as with clinical solutions, the risks of unintended bias or over-reliance on technology can result in harm.

# Deploying adequate governance.

Healthcare organizations noted that they are in the process of building their governance structures to ensure they have adequate oversight of AI tools they deploy. Some are building from their existing structures to add Al-specific committees. Others are creating dedicated teams. Steps include the creation of risk assessment tools and guidance specific to deployment of Al solutions. All interviewees agreed that multi-functional teams and leadership engagement will be needed as part of the governance approach. Outstanding issues include what a good risk management approach looks like and how best to hold vendors accountable for safe and ethical solutions, while accepting responsibility for appropriate oversight of their use.

The data in the chart still needs to be authenticated and orders must be signed.

#### **Policy Considerations**

Interviewees felt that public policies are needed to provide oversight of commercial Al tools. Policymakers are actively considering the best ways to harness the benefits of Al while avoiding harms, including discrimination and risks to privacy. For example, the White House recently released a sweeping <a href="Executive Order">Executive Order</a> directing federal departments and agencies to increase their efforts on responsible Al while Congress is conducting hearings and other

educational efforts. Among other things, policymakers could require developers of Alenabled tools to provide information and other support to ensure that end-users know how to use them and can conduct their own due diligence.

As the policy conversation continues, key issues to be debated and resolved include:

- Privacy
- IT security
- Data governance and data rights
- Accuracy
- Provenance
- Prevention/mitigation of harms (including bias)
- Transparency on tools and guidance for safe use
- Intellectual property rights
- Patient matching

#### Conclusion

As healthcare organizations continue to expand their use of Al-enabled tools for administrative and operational functions, they will need to increase their understanding of how they work, conduct due diligence, ensure they have the information they need to implement them safely and fairly, and develop strong governance approaches. At the same time, policymakers will need to ensure that technology developers are supporting end users in safe and effective deployments. As a convener and representative of the health information profession, AHIMA stands ready to work with policymakers and the field to harness the benefits and mitigate the harms of these transformational tools.



